



EXAMINATION IN BEHAVIOURAL SCIENCE
Medicine 4th year – AOK-KA591

THESIS FOR ORAL EXAM

INTRODUCTION TO PSYCHOLOGY, BASICS OF NURSING, COMMUNICATION SKILLS
Medicine 1st year – AOK-KUA080


1. **Perspectives of psychology:** biological-cognitive neuroscience, individual perspective, social psychology
2. **Main approaches of individual perspective:** cognitive-behavior/experimental psychology, psychodynamic, humanistic
3. **Perception 1) recognition-identification** of the objects (bottom-up, top down processes, gestalt, geons)
4. **Perception 2) constancies** (color, shape, size), bottom-up, top down processes
5. **Perception 3) localization** (distance perception, motion perception, efferent copy)
6. **Perception 4) abstractions-schemas**
7. **Attention: function of attention, relationship of attention and consciousness, theory of signal detection** (signal/noise screening), cognitive resource – cognitive load, conscious attention needed for acquiring new skills. Automatic response out of the control of attention, errors in the medical practice
8. **Stages of memory: Atkinson-Shiffrin theory**
9. **Working memory:** ~ span, function, structure, Baddeley model
10. **Long-term memory 1) explicit memory:** coding, retrieving, theories of forgetting, forgetting and emotions,
11. **Long-term memory 2) implicit memory:** priming, classical conditioning, skills, ~ and amnesia
12. **Motivation:** homeostasis, basic drives, incentive theory, the relationship between the drives and incentives, Hebb's optimal arousal theory, Maslow hierarchy
13. **Attitude and attitude change:** cognitive dissonance and attitude change, foot in the door technique, rationalization, levels of attitude change (obedience, identification, internalization), sandwich technique, elaboration likelihood model
14. **Social influence:** social facilitation and inhibition, deindividuation, bystander intervention and diffusion of responsibility
15. **Obedience:** obedience to authority (Milgram experiment), **conformity** (Ash experiment), informational social influence, normative social influence
16. **Group processes:** group decision making, group think, group polarization, reference groups
17. **Emotions 1) James-Lange and followers:** bodily changes and emotions, James-Lange theory, Cannon-Bard's critics, somatic marker theory
18. **Emotions 2) emotional expressions:** facial feedback hypothesis, basic emotions (Ekman), evolutionary role of the emotions in communication (Darwin)

19. **Emotions 3) cognitive component of the emotions:** components of emotion, two-factor theory, Schacter-Singer experiment, misattribution of arousal, cognitive appraisal (Lazarus), regulation of emotion and the marshmallow test
20. **Impression formation:** stereotype and top down processes, schemas, primacy effect, self-fulfilling prophecy, individuation, fundamental attribution error
21. **Nature-nurture debate:** concept of the tabula rasa, maturation, critical periods (example), sensitive periods
22. **Intelligence 1) psychological tests, classification:** performance and personality tests, difference between the Binet and Weschler test, WAIS: verbal IQ - performance IQ
23. **Intelligence 2) general intelligence (g=general): factor analytical process,** what kind of mental processes are measured by the tests?
24. **Intelligence 3) mental retardation, dementia, crystallized scores/ fluid scores**
25. **Psychoanalytic personality theory 1) topographic and structural model:** definition of personality, conscious- pre-conscious- unconscious; id - ego- superego
26. **Psychoanalytic personality theory 2) definition of personality, personality dynamics, defense mechanism** (list min. 6), projective tests
27. **Psychoanalytic development theories 1) Freud:** definition of personality, psychosexual stages
28. **Psychoanalytic development theories 2) Erikson:** definition of personality, psychosocial stages
29. **Behavior personality- and development theory:** definition of personality, tabula rasa, learning processes, role of classical conditioning and instrumental (operant) conditioning in social learning, observational learning
30. **Cognitive personality and development theory:** definition of personality, Kelly's personal construct theory, self-schema
31. **Humanistic personality theory:** definition of personality, Rogers (self-actualizing tendency, client-centered therapy, ideal and actual self, unconditional positive regard, Q-sorting, Maslow's hierarchy of needs
32. **Personality: Big5**
33. **Classical conditioning:** UCR, UCS, CR, CS, extinction, second-order conditioning, generalization and discrimination
34. **Instrumental conditioning:** law of effect, positive and negative reinforcement, positive and negative punishment, shaping, conditioned reinforcers, partial-reinforcement (ratio and interval schedules), escape learning, avoidance learning
35. **Complex learning** cognitive map, observational learning
36. **Levels of communication:** information level, metacommunicational level
37. **Channels of communication:** elements of communication, verbal and nonverbal channels

The topic list in the final exam will **ONLY** contain the titles which are written with bold letters!

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THESIS FOR ORAL EXAM

MEDICAL PSYCHOLOGY I.
Medicine 3rd year – AOK-KUA190

1. **System theory:** circular causality; nonsummativity; equifinality; communication; homeostasis; morphogenesis; multilevel hierarchy
2. **Background of non-adaptive behavior** (determinants of the behavior regulation, examples for failure of operant behavior, negative reinforcement and setting blood pressure, predisposition for reinforcements and punishments, ethology dimensions linguistic-symbolic regulation and its negative aspects)
3. **Symptom perception 1):** responses to symptoms, accuracy of perception, individual differences
4. **Symptom perception 2):** role of attention, expectations, other influencing factors, signal detection theory, “cyberchondria”
5. **Symptom reporting:** influencing factors, non-specific symptoms, interpretation
6. **Adherence 1):** difference between the terminology adherence–compliance, **spectrum, data collecting methods**
7. **Adherence 2) Factors influencing adherence:** environment, illness, patient, doctor, therapy
8. **Adherence 3) Improving adherence:** social, pharmacotherapy, communication: motivational interview, assessment of readiness to change
9. **Stress 1) definition:** Cannon flight-fight reaction, Selye: GAS
10. **Stress 2)** cognitive model, Lazarus cognitive appraisal theory
11. **Stress 3) Main characteristics of stressors; stress and hierarchy**
12. **Burnout 1) high risk population** in medicine, statistics; **multidimensional model** (work related causes, lifestyle causes, personality traits)
13. **Burnout 2) stages of burnout** (enthusiasm – stagnation – frustration – apathy – symptoms/psychosomatic as well – intervention (at any stage); **recognition, prevention, professional treatment** (barriers in seeking help)
14. **Burnout 3) symptoms of burnout, coping with burnout, consequences:** *Maslach Burnout Inventory (MBI):* exhaustion, cynicism – depersonalization, inefficacy; *coping:* working harder and longer, belief of immunity to difficulties, failure to recognize own mental problems, self-medication; *consequences:* medical errors, marital problems, psychological problems: substances misuses – abuses, suicide risk...
15. **Chronic illness 1) as a challenge in modern medicine:** crisis theory, common emotional reactions, chronic illness and family, recognition of anxiety and depression

- 16. Chronic illness 2) psychological treatment, easy to use special interventions** (expressive writing, interventions: creative activity, meditation/relaxation, illness narrative, recovery letter)
- 17. Death, dying:** Elisabeth Kübler-Ross: reaction to terminal illness; 5 stages of dying (denial, anger, bargaining, depression, acceptance), delivering bad news
- 18. Bereavement 1) definition, dynamic process, communication:** What helps, what doesn't?, communicational obstacles of grief
- 19. Bereavement 2) unresolved grief** (complicated: chronic, hypertrophic, delayed grief); consequence of unresolved grief; factors which increase grief: attachment (closely attached person; close, dependent, ambivalent relationship); situation (unexpected exp. suicide); guilt (real/imagined), loneliness
- 20. Attachment 1) antecedents and history:** definition, J. Bowlby, M. Ainsworth, **types** ("strange situation" experiment: types of attachment)
- 21. Attachment 2) stages of attachment** (undifferentiated; recognition/differentiation; active attachment; partnership)
- 22. Attachment 3) in adulthood** (influence of attachment on patient–physician relationship)
- 23. Health:** Classic and actual definition of health by the WHO. Definition of health behavior. Definition of **health promotion**. Some principles of health promotion in primary care. SMART.
- 24. Salutogenesis:** concept, sense of coherence and its 3 components, generalized resistance resources
- 25. Locus of control:** external, internal and their relationship with health outcomes
- 26. Optimism:** concept (~ as trait and as attribution style), optimism as a health protective factor, it's relationship with the coping style. When is it counterproductive?
- 27. Health belief model:** concept, components (perceived seriousness/susceptibility/benefits/barriers)
- 28. Family 1) psychodynamic perspective** (individual, intrapsychic domain: personality, ego-structure, -differentiation, defense mechanism; relational, interpersonal perspective: unconscious messages: projections, expectations, mission, extrusion)
- 29. Family 2) communicational interactions** (dyadic, triadic situations)
- 30. Family 3) as a system** (hierarchy, boundaries, structure, role of the children; development of the system – life cycles, family therapy – advantages, difficulties)
- 31. Definition of suggestion** (definition, criteria) **and factors that increase suggestibility** (altered state of consciousness, fear etc.)
- 32. Features of spontaneous trance in disease:** typical forms of negative suggestions, paradoxical intentionality
- 33. Rules of constructing effective suggestions** (positive wording, motivation etc.) **and complex strategies** (pacing-leading, yes-set, reframing)

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THESIS FOR ORAL EXAM

MEDICAL PSYCHOLOGY II.
Medicine 4th year – AOK-KA960


- 1. Consciousness 1) disorders/ syndromes/ levels of Consciousness:** vigilance: Somnolence: sleepiness, drowsiness (strong desire for sleep, can fall asleep easily if he is alone)-> Sopor: (Can be aroused by strong stimuli, than fall back to sleep)-> Coma: (Does not respond even strong stimuli) / Glasgow coma scale (eye, motor, verbal responses)
- 2. Consciousness 2) syndromes of awareness:** Locked in syndr. -> Minimally Conscious State (Deliberate movements, some minimal deliberate reactions)> Vegetative state (Wakefulness, but only automatic responses)-> Brain death /= human death determined by neurological criteria:1) loss of all brainstem reflexes and 2) apnea- in a persistently comatose patient.- + 3) Evidence for the cause of coma-> A repeat evaluation in 6h/
- 3. Consciousness 3) syndromes of integrity:** Loose Consciousness: absent minded-> Confusion: total disintegration of consciousness
- 4. Consciousness 4) Complex disorder of vigilance & integrity:** Tenebrosity: misty (twilight) state-> Delirium: abnormal perceptions, agitation, Fluctuating vigilance, integrity.
- 5. Consciousness 5) subjective quality, and intentionality: ethical / legal consequences**
I) Personal experience/experience quality-> Sickness/ Pain
II) Intentionality: free will-> Autonomy (Ability to Act/ Think)
- 6. Psycho-Neuro-Immunology 1): definition, modern physiology, Solomon postulates**
Cannon, Selye, Ader, Solomon
- 7. Psycho-Neuro-Immunology 2): CNS influences immune system**
Thymus, Spleen, Lymph nodes – direct sympathetic innervation; Noradrenergic terminals – „contact” with lymphocytes; Neurotransmitter receptors on Immune cells
- 8. Psycho-Neuro-Immunology 3): Immune system influence on CNS**
cytokines, blood–brain barrier, immune mechanism –illness behavior
- 9. Psycho-Neuro-Immunology 4): high risk population – Stress and immune system**
Type 1 – Type 2 Immunity, Assessing Sources of stress
- 10. Stress pathways and mediators of tumor development**
(4 main pathways: behavior, DNA, Immune system, vascular endothelial growth factor. Type C personality-critique, special psychosocial patterns. Coping theory, cognitive appraisals. Oncological patient’s coping strategies (5)
- 11. Management of medically unexplained symptoms**

- 12. Delivering bad news: pairing and SPIKES. Cognitive readaptation and logotherapy. Forcing positive attitude Posttraumatic growth.**
- 13. Anxiety. Definition. Early and later psychoanalytic approaches.** Realistic and neurotic. Primary. ~. ~ and repression.
- 14. Anxiety. Definition. Behavioral theories.** Mowrer's two factor model
- 15. Anxiety. Definition. Cognitive approach.** Role of appraisals
- 16. Anxiety. Definition. Existential approach.** The 4 ultimate concerns
- 17. Anxiety Definition. Biological approach.** Neural correlates and the two roads of fear (LeDoux)
- 18. Personality disorders 1): DSM-5 categories A, B, C clusters**
- 19. Personality disorders 2): DSM-5 hybrid model** attachment theory – Big-5
- 20. Psychological interventions 1): indication, criteria, 3 main trends**
- 21. Psychological interventions 2): psychodynamic trend**
personality – development of personality model– sickness model – therapeutic model and techniques
- 22. Psychological interventions 3): cognitive-behavioral model**
classical conditioning, instrumental conditioning, **schema and negative automatic thoughts**
- 23. Psychological interventions 4): Humanistic trend**
Logotherapy, Client-centered therapy
- 24. Psychological interventions 5): Counseling**
Theories of counseling, area of use, Humanistic approach

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